

Background Screening Consent Form and Personal History

I, _____, hereby authorize First Presbyterian Church and/or its agents to make an independent investigation of my background that may include: references, character, past employment, education, credit history (if applicable for position), adult criminal or police records, and motor vehicle records including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for service now and, if applicable, during the tenure of my employment or service with First Presbyterian Church.

I release First Presbyterian Church and its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed)_____

Maiden Name or Other Names Used_____

Social Security Number:_____ Date of Birth*: _____/_____/_____
(mm/dd/yyyy)Present

Address_____

City_____ State_____ Zip_____

How Long at Present Address?_____ If less than 7 years at current address please complete:

Former Address _____ How Long at Former Address _____

City_____ State_____ Zip_____

Please list all states and counties of residence since turning age 18:

(Please circle any of the following states in which you have lived: (CA, CO, DE, LA, MA, SD, VT, WV, WY)

Driver's License Number:_____ State of License: _____

Signature of Applicant

Date

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment, internship, or service as a volunteer. First Presbyterian Church abides by all applicable state and federal employment laws.

Personal History

The following questions are part of the process to help provide a safe and protected environment for our children. All information is confidential.

Have you ever:	Yes	No
known anyone that was sexually abused?.....	<input type="checkbox"/>	<input type="checkbox"/>
known anyone that was addicted to or abused drugs, alcohol or pornography?.....	<input type="checkbox"/>	<input type="checkbox"/>
had a professional license/certification suspended or revoked?.....	<input type="checkbox"/>	<input type="checkbox"/>
been charged with a misdemeanor or felony?.....	<input type="checkbox"/>	<input type="checkbox"/>
personally been addicted to or abused drugs, alcohol or pornography?.....	<input type="checkbox"/>	<input type="checkbox"/>
been charged with or convicted of the use or sale of illegal drugs?.....	<input type="checkbox"/>	<input type="checkbox"/>
personally been sexually, physically or verbally abused?.....	<input type="checkbox"/>	<input type="checkbox"/>
had any personal experience with the neglect, abuse or molestation of a child?.....	<input type="checkbox"/>	<input type="checkbox"/>
been convicted of child abuse?.....	<input type="checkbox"/>	<input type="checkbox"/>
been convicted of a crime involving actual or attempted sexual molestation of a minor?	<input type="checkbox"/>	<input type="checkbox"/>
Has any charge, claim or complaint ever been made that you engaged in inappropriate sexual behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health conditions that would put children at risk?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is yes, please explain and give details

Printed Name of Applicant: _____

Printed Name of Reviewer: _____

Signature of Reviewer: _____ **Date:** _____